Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10,622,211

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |   |                |               |              |                  |                 | SMALL ENTITY TYPE OR |                        |            | OTHER THAN<br>SMALL ENTITY |                        |
|--|---|---|----------------|---------------|--------------|------------------|-----------------|----------------------|------------------------|------------|----------------------------|------------------------|
| TOTAL CLAIMS 22                                |   |   |                |               |              |                  | -               | RATE                 | FEE                    |            | RATE                       | FEE                    |
| FOR  |   |   | NUMBER FILED   |               | NUMBER EXTRA |                  |                 | BASIC FEE            | 375.00                 | OR         | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                        |   |   | 32 minus 20=   |               | * 12         |                  |                 | X\$ 9=               |                        | OR         | X\$18=                     | 216                    |
| INDEPENDENT CLAIMS                             |   |   | (O minus 3 =   |               | * 5          |                  |                 | X42=                 |                        | OR         | X84=                       | 588                    |
| MU   | LTIPLE DEPEN  | DENT CLAIM PI   | RESENT         |               |              |                  |                 | +140=                |                        | OR         | +280=                      |                        |
| * If   | the difference  | in column 1 is  | less than z    | ero, enter    | "0" in c     | olumn 2          | •               | TOTAL                |                        | OR         | TOTAL                      | 1,554                  |
|  | С   | LAIMS AS A  |                |               |              |                  | SMALL ENTITY OF |                      |                        | OTHER THAN |                            |                        |
|  |   | (Column 1)<br>CLAIMS  | (Colur<br>HIGH |               |              | (Column 3)       | <u>3)</u> r     | SWALL                |                        |            | OWALL !                    |                        |
| AMENDMENT A                                    |   | REMAINING<br>AFTER<br>AMENDMENT                               |                | NUM<br>PREVIO | BER<br>DUSLY | PRESENT<br>EXTRA |                 | RATE                 | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus          | **            |              | =                |                 | X\$ 9=               |                        | OR         | X\$18=                     |                        |
|  | Independent   | *   | Minus          | ***           |              | =                |                 | X42=                 |                        | OR         | X84=                       |                        |
|  | FIRST PRESE   | NTATION OF M  | ULTIPLE DE     | PENDENT       | CLAIM        |                  | 1               | +140=                |                        | OR         | +280=                      |                        |
|  |   |   |                |               |              |                  |                 | TOTAL                |                        |            | TOTAL                      |                        |
|  |   |   |                |               |              |                  |                 | ADDIT. FEE           |                        | OR         | ADDIT. FEE                 |                        |
|  |   | (Column 1)  |                | (Colur        |              | (Column 3)       |                 |                      |                        |            |                            |                        |
| AMENDMENT B                                    |   | CLAIMS<br>REMAINING   |                | HIGH          |              | PRESENT          |                 |                      | ADDI-                  |            |                            | ADDI-                  |
|  |   | AFTER   |                | PREVIO        | OUSLY        | EXTRA            |                 | RATE                 | TIONAL                 |            | RATE                       | TIONAL                 |
|  |   | AMENDMENT   |                | PAID          | FOR          |                  | ┨               |                      | FEE                    |            |                            | FEE                    |
|  | Total   | *   | Minus          | **            |              | =                |                 | X\$ 9=               |                        | OR         | X\$18=                     |                        |
|  | Independent   | endent   *   Minus   ***  FPRESENTATION OF MULTIPLE DEPENDENT |                | CL AIM        | =            | $\  \ $          | X42=            |                      | OR                     | X84=       |                            |                        |
| <b></b>  | I HOI PRESE   | ATATION OF MI   | OLINILE DE     | - CINDENI     | - OLAHVI     |                  | 1               | +140=                |                        | OR         | +280=                      |                        |
|  |   |   |                |               |              |                  |                 | TOTAL<br>ADDIT. FEE  |                        | OR         | TOTAL<br>ADDIT. FEE        |                        |
|  |   | (Column 1)  |                | (Colu         | mn 2)        | (Column 3)       |                 |                      |                        |            |                            |                        |
| 1  |   | CLAIMS  |                | HIGH          | EST          |                  | 1 1             |                      | ADDI-                  |            |                            | ADDI-                  |
| AMENDMENT C                                    |   | REMAINING<br>AFTER  |                | NUM<br>PREVI  |              | PRESENT<br>EXTRA |                 | RATE                 | TIONAL                 |            | RATE                       | TIONAL                 |
|  |   | AMENDMENT   |                | PAID          |              | CATIO            | 11              |                      | FEE                    |            |                            | FEE                    |
|  | Total   | *   | Minus          | **            |              | =                | ] [             | X\$ 9=               |                        | OR         | X\$18=                     |                        |
|  | Independent   | *   | Minus          | ***           |              | =                | 1 [             | X42=                 |                        | OR         | X84=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                |               |              |                  | ]               |                      | -                      | UH         |                            |                        |
|  | If the entry in esti-   | mn 1 is loss than t   | ho ontre in ca | dumo O ····*  | o *O* in **  | lumo 2           |                 | +140=                |                        | OR         | +280=                      |                        |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE  ADDIT. FEE |   |                |               |              |                  |                 |                      |                        |            |                            |                        |
|  |   | nber Previously Pa  |                |               |              |                  | er fou          | ind in the app       | propriate bo           | x in co    | lumn 1.                    |                        |